STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012706	A. BUILDING: _____ B. WING _____	C 08/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN HILLS ALZHEIMER'S SPECIAL CARE CENTI	3203 MOORES PIKE ROAD BLOOMINGTON, IN 47401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00205022. Complaint IN00205022 - Unsubstantiated. No deficiencies related to the allegation are cited. Survey dates: August 9 and 10, 2016 Facility number: 012706 Provider number: 012706 AIM number: N/A Census bed type: Residential: 55 Total: 55 Sample: 04 Autumn Hills Alzheimer's Special Care Center was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00205022. QR was completed by 99993 on 08/11/16.	R 000		